FORM I(Rev 4/2022)						
	Contractor Name					
	DPW Contract No.					
Employee Affidavit						
Residents Preference Program						
I certify that I maintain my permanent resincome tax, obtain my driver's license, etc. at	·					
	(Address)	(Zip Code)				
Residency status:  To verify my resident status, attached ple  Copy of my voter's certif  Copy of my last year's For  Copy of my current Wisco  Copy of Other (i.e., Utility	ication form. orm 1040. onsin Driver's License or State ID					
	AND					
I have not worked in the p	,200 hours in the preceding 12 mo					
	<u>OR</u>					
<u>Underemployed status:</u> I certify that based on the attached chart (	(Income Eligibility Guidelines), I a	nm underemployed.				
WODY WETODY						
WORK HISTORY  Construction Skills:,,	Print Name					
Years of Experience:	Sign Name					
	Social Security Number					
	Home Telephone Number					
Subscribed and sworn to me thisday						
Of,, A.D.						
My Commission Expires						

Notary Public Milwaukee County

## Income Eligibility Guidelines July 1, 2022 to June 30, 2023

Eligibility determination is based on household size and income. Total income must be <u>at</u> or <u>below</u> the amounts in this table.

Household Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For Each Additional Household Member Add	8,732	728	364	336	168

Source: Wisconsin Department of Public Instruction